

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28650**
7286

FILED AUG 25 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri c. LENGTH OF STAY (in this place) 1 DAY d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jefferson c. CITY (If outside corporate limits, write RURAL and give township) De Soto d. STREET ADDRESS (If rural, give location) R.R. 1			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) _____ c. (Last) REUBER		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 11 1951		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH Oct 10, 1888		9. AGE (In years last birthday) 62		10. UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? U		13a. FATHER'S NAME JOSEPH REUBER		13b. MOTHER'S MAIDEN NAME ELIZABETH OSTEN DUFF	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Rev. Father Winter ADDRESS 2331 Mulhampy	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COLONIC OBSTRUCTION ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 8/10/51 19b. MAJOR FINDINGS OF OPERATION DISTENDED COLON 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____ 21f. HOW DID INJURY OCCUR? 570.5			
22. I hereby certify that I attended the deceased from 8-10-51 , 19____, to 8-11-51 , 19____, that I last saw the deceased alive on 8-11-51 , 19____, and that death occurred at 9:35P m. , from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) W. B. Reuber M.D.		23b. ADDRESS 1515 Lafayette Avenue	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 16, 51		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) St. Louis MO.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 15 1951		25. FUNERAL DIRECTOR'S SIGNATURE Charles Kelly ADDRESS 4386 Lindell		26. _____		27. _____	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Students of Mortuary College
working under my personal supervision.

Student Embalmer No.

Signed

James A. Lammers

Signed.....
Student Embalmer

Licensed Embalmer No. *442*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.